



# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12347</u>	2. Fiscal Year Covered From: <u>11/1/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>James Santangelo</u> P.O. Box, Bldg., Room No., if any <u>Suite 250</u> Street <u>818 Oak Park Road</u> City <u>Covina</u> State <u>California</u> ZIP Code + 4 <u>91724</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Joint Council No. 42</u> Labor Organization File Number <u>005-568</u> P.O. Box, Building and Room Number, if any <u>Suite 250</u> Street <u>818 Oak Park Road</u> City <u>Covina</u> State <u>California</u> ZIP Code + 4 <u>91724</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transaction; (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed James Santangelo

On 7-15-05 (1026) 732-4700  
Date Telephone Number

Name of Person Filing <b>James Santangelo</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Western Conf. of Teamsters Pension Trust Fnd</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <b>Suite #E</b></p> <p>Street <b>2323 Eastlake Ave.</b></p> <p>City <b>Seattle</b></p> <p>State <b>Washington</b> ZIP Code + 4 <b>98102</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>Union Trustee of a jointly administered pension trust fund. Amounts represent costs paid by the trust fund on behalf of the trustee to attend the meetings.</b></p>
	<p>11.b. Approximate dollar value of such dealing. <span style="float: right;"><b>\$214</b></span></p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b>Palm Springs Riviera Hotel</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>1600 N. Indian Canyon Drive</b></p> <p>City <b>Palm Springs</b></p> <p>State <b>California</b> ZIP Code + 4 <b>92262</b></p>	<p>14.a. Nature of payment.</p> <p><b>Gift baskets placed in the room throughout the year by hotel where meetings were taking place.</b></p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. <span style="float: right;"><b>\$210</b></span></p>

Name of Person Filing James Santangelo

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Western Teamsters Welfare Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any suite #E

Street 2323 Eastlake Ave.

City Seattle

State Washington ZIP Code + 4 98102

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Union Trustee of a jointly administered welfare trust fund. Amounts represent costs paid by the trust fund on behalf of the trustee to attend the meetings.

11.b. Approximate dollar value of such dealing. \$50

12.a. Nature of interest held or income received.

12.b. Amount.

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## Part C Continuation Page

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Amalgamated Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 60 S. Los Robles Avenue

City Pasadena

State California ZIP Code + 4 91101

14.a. Nature of payment.

Dinner meeting with bankers trying to solicit business. Union does not do any business with this bank.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$93

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.